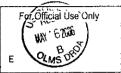


Office of Labor-Management Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1081;	2. Fiscal Year Covered From:
6360	01/01/2001 Through: 12/31/2005
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name GENE KREIS	Name ALA LUCAL ONE
	Labor Organization File Number 035-319
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street Y ACKER MAN AVENUE	Street 113 UNIVERSITY PLACE
City ORADELL	City NEW YORK
State New JERSOY ZIP Code +4 07649	State NEW YURK ZIP Code +4 10033
5. Position in labor organization. VICE PRESIDENT - ALA LOCAL ONE	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of	
monetary value from an employer whose employees your organizati	The state of the s
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	Andrews with the second of the
The property of the control of the c	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Dene Kreis	On (9/2) 460-0800
	Date Telephone Number

Name of Person Filing GENE KREIS	File Number U- 628 Z
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business lvely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name CRA ROGCRS CASEY  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 800 South STREET—Suite 250  City WALTHAM  State MA ZIP Code + 4 02453	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name ALA INDUSTRY PENSION PLAN  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 113 UNIVERSITY PLACE	11.a. Nature of such dealing.    NVESTMENT CONSULTANTS
City NEW YORK	11.b. Approximate dollar value of such dealing. 4/8/4/35. 00.
State NEW YORK ZIP Code + 4 / 10003	CONFERENCE ACTIVITIES FROM 9/28-10/46. DURING ANNUAL SUMMIT CONDUCTED BY CRAPROGERS CASEY
-	12.b. Amount. 12.b. Amount.
C. Received from any employer (other than an employer covered undior from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name '	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	

14.b. Amount of payment.

Form LM-30 (2003)

13.b. is the Business an Employer

, ZIP Code + 4

or Consultant